

INSTRUCTIONS FOR THE NURSING FACILITY USER FEE INFORMATION FORM

General Information: The Nursing Facility User Fee Form is an informational tool used to gather required demographic as mandated by Chapter 118G of the Massachusetts General Laws Section 25.

Who Must File: All Massachusetts Nursing Facilities that are licensed by the Department of Public Health under Chapter 111 of the Massachusetts General Laws Section 71, including but not limited to, nursing homes, transitional care units, etc.

Assistance: If you need help or have any questions relevant to completing this worksheet, please contact Provider Assistance at (617) 988-3299.

Where To File: Patricia McCusker
Administration Rating Group
Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA 02116

I. Demographic Information: Please type or print legibly the required information on the designated lines in Section I of this form, unless otherwise noted.

Vendor Payment Number (VPN): The new Vendor Number assigned to the facility by the Department of Public Health (DPH).

Previous Vendor Payment Number (VPN): The previous owner's Vendor Number assigned to the facility by DPH, if applicable.

Effective Date of the Change in VPN: The date the change of ownership or change in legal form was approved by DPH, if applicable.

Type of Change: Indicate if this is a new facility or if this was a change of ownership or a change in legal form. A change of ownership is described in regulation 114.2 CMR 6.00, Standard Payments to Nursing Facilities as "A bona fide transfer, for reasonable consideration, of all powers and indicia of ownership. A change of Ownership may not occur between Related Parties. A change of ownership must be a sale of assets of the Provider rather than a method of financing. A change in the legal form of the Provider does not constitute a Change of Ownership unless the other criteria are met."

Legal Facility Name: For purposes of this form, the Legal Facility Name should be the name that the facility is registered under for Federal Employer Identification Number (FEIN) purposes with the Internal Revenue Service (IRS).

Facility Name: The name that the facility does business as (DBA). If the name that the facility does business as is the same as the legal facility name, just print the word "**same**" on the designated line.

INSTRUCTIONS FOR THE NURSING FACILITY USER FEE INFORMATION FORM

Division: The name of the division, department or unit of the nursing facility depending on the organizational structure of the nursing facility, ie: Northeast Region, Accounting, Reimbursement Department, etc., if applicable. If this line does not apply to your organizational structure, please print the words ***"non-applicable"***.

Facility Address: The nursing facility street address, city, state and zip code.

Mailing Address: The mailing street address, city, state and zip code. Please include the name of the company, department and/or person the mail should be sent to. If the mailing address is the same as the facility address, just print the word ***"same"*** on the designated line.

Federal Employer Identification Number: The Federal Employer Identification Number (FEIN) assigned to the nursing facility by the Internal Revenue Service for all tax filing purposes. If the same FEIN is used for more than one facility, please place an **"x"** in the box and attach a list of facilities that use the same FEIN number.

Facility Contact Information: There needs to be a representative of the nursing facility who can be called with any questions regarding the information completed on this form. Please type or print legibly the name, job title, telephone number, FAX number, and e-mail address for the contact person on the designated lines.

Does your facility have internet web access? Please circle the appropriate response.

Owner, Partner, Officer or Administrator Information: Please check all of the information carefully prior to signing this form. Once you are satisfied that the information reported on the form is accurate to the best of your knowledge, sign your name, print the date, print your name and title on the designated lines.